

01-22-07

JFW 3626

PTO/SB/21 (09-04)

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|   |   |                        |                  |
|---|---|------------------------|------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) |   | Application Number     | 10/042,766       |
|   |   | Filing Date            | January 8, 2002  |
|   |   | First Named Inventor   | Roger DELUSIGNAN |
|   |   | Art Unit               | 3626             |
|   |   | Examiner Name          | V. Koppikar      |
| Total Number of Pages in This Submission  | 4 | Attorney Docket Number | 355592000200     |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing)<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request (1 page)<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Receipt Postcard |
| <b>Remarks</b><br>Customer No. 25225   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                            |          |        |
|--|----------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP    |          |        |
| Signature                                  |                            |          |        |
| Printed name                               | James J. Mullen III, Ph.D. |          |        |
| Date                                       | January 19, 2007           | Reg. No. | 44,957 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 798281148 US, on the date shown below in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 19, 2007

Signature: (Grace Yu)



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,020.00

### Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/042,766       |
| Filing Date          | January 8, 2002  |
| First Named Inventor | Roger DELUSIGNAN |
| Examiner Name        | V. Koppikar      |
| Art Unit             | 3626             |
| Attorney Docket No.  | 355592000200     |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0.00           |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0.00           |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0.00           |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0.00           |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0.00           |

#### 2. EXCESS CLAIM FEES

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

\_\_\_\_\_ - = \_\_\_\_\_ x \_\_\_\_\_ = 0.00

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)

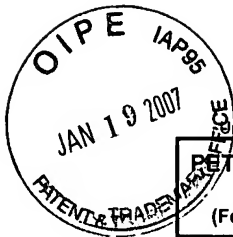
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = 0.00

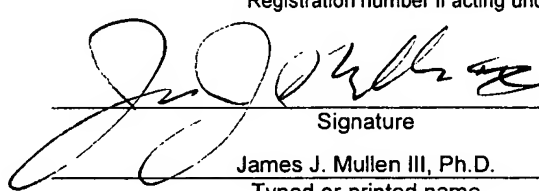
#### 4. OTHER FEE(S)

|   |                       |
|---|-----------------------|
| Non-English Specification, \$130 fee (no small entity discount)                     | 0.00                  |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | 1,020.00              |
|   | <b>Fees Paid (\$)</b> |

#### SUBMITTED BY

|                   |                            |                                   |                  |           |                |
|-------------------|----------------------------|-----------------------------------|------------------|-----------|----------------|
| Signature         |                            | Registration No. (Attorney/Agent) | 44,957           | Telephone | (858) 720-7940 |
| Name (Print/Type) | James J. Mullen III, Ph.D. | Date                              | January 19, 2007 |           |                |



|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>355592000200                                  |             |
| <b>Application Number</b> 10/042,766  |            | <b>Filed</b> January 8, 2002   |             |
| <b>For</b> SYSTEMS AND METHODS FOR EVALUATING PATIENT-SPECIFIC INFORMATION AND PROVIDING PATIENT MANAGEMENT RECOMMENDATIONS FOR HEALTHCARE PROVIDERS  |            |  |             |
| <b>Art Unit</b> 3626  |            | <b>Examiner</b> V. Koppikar  |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>  |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60   | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225  | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510  | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795  | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080   | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |             |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>44,957</u>   |            |  |             |
| <br>_____<br>Signature<br>James J. Mullen III, Ph.D.<br>_____<br>Typed or printed name   |            | _____<br>January 19, 2007<br>Date<br>_____<br>(858) 720-7940<br>Telephone Number |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |             |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |  |             |

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